

Appendix C

Voluntary Assistance Program

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I. APPLICATION INSTRUCTIONS

COUNTY OF SAN DIEGO
DEPARTMENT OF ENVIRONMENTAL HEALTH
VOLUNTARY ASSISTANCE PROGRAM

The Voluntary Assistance Program is designed to provide the applicant with staff consultation, project review, and public health assessment pertaining to properties suspected or known to be contaminated with hazardous substances. California Health and Safety Code Sections 101480-101490 authorize the County Department of Environmental Health (DEH) to enter into voluntary agreements for the oversight of remedial action at sites contaminated by wastes.

The DEH staff will review and manage all projects in accordance with applicable regulatory requirements, industry practices, and the current version of the DEH Site Assessment and Mitigation Manual. Our goal throughout project review is the protection of human health, water resources and the environment. Upon completion of a project, DEH will issue a letter addressing the applicant's specific project goals. Open lines of communication between DEH and the applicant provide the best opportunities for expedient review and successful project resolution.

Application Requirements

- Sections A, B, C, and D must be completed on the "Application for Assistance" form (Page 1 of 2), along with the applicant's original signature.
- Fully describe your project and your specific request(s) for DEH review and written response (Section D). As necessary, include a cover letter to clarify your project needs.
- Submit all relevant documentation/reports with the application. All documents containing geologic and/or contaminant migration interpretations must be signed by an experienced professional with the appropriate California registration or certification.
- An initial fee of \$210, payable to the County of San Diego, is required at the time of application submittal. This fee covers two (2) hours of staff review time. Staff time in excess of two hours will be invoiced to applicant and must be paid within 30 days of receipt of the invoice. The staff billing rate is currently \$105/hour. **Staff assistance will not be provided on delinquent accounts.**

Project Review Conditions

- Within five (5) workdays of DEH receipt of your complete application, the project is identified by a DEH Case No. and assigned to a DEH project manager.
- The DEH will notify the Department of Toxic Substances Control (DTSC) and the Regional Water Quality Control Board (RWQCB) that the project has been submitted for DEH review.
- A copy of all written DEH correspondence will be sent to the applicant and forwarded to the legal property owner. Project files will be available for public review.
- DEH has the option of referring the project to the DTSC or RWQCB at any time during the project review process. If the applicant ceases work, or requests DEH to cease work, on a project prior to resolving site contamination issues, then DEH would refer the project to the appropriate agency and/or identify the project as unresolved in the DEH database.

II. Application for DEH Assistance

P.O. BOX 129261
 SAN DIEGO, CA 92112-9261
 ATTN: NASSER SIONIT
 (619) 338-2239
 (619) 338-2315 (FAX)
 WEB SITE: www.co.san-diego.ca.us/deh/lwq/sam



FOR OFFICE USE:

Date Received _____
 Submittal Fee Paid _____
 Establishment # _____

COUNTY OF SAN DIEGO
 DEPARTMENT OF ENVIRONMENTAL HEALTH
VOLUNTARY ASSISTANCE PROGRAM
APPLICATION FOR ASSISTANCE

(PLEASE READ BOTH PAGES OF THIS APPLICATION PRIOR TO COMPLETION)

A.	Site Name _____	Assessors Parcel Number _____
	Site Address _____	
	Street	City
	State	Zip Code
B.	Property Owner _____	
	Mailing Address _____	
	Street	City
	State	Zip Code
	Contact Person _____	Telephone (____) _____
C.	Application Submitted By:	
	Contact Person _____	Telephone (____) _____
	Company Name _____	
	Mailing Address _____	
	Street	City
	State	Zip Code
Note: Invoices will be sent to the applicant at this address unless other arrangements are made.		
D.	Brief Project Description _____	

	Type of Assistance Requested _____	

I accept the application requirements and project review conditions listed on Page 2 of 2 and I agree to pay all costs associated with DEH staff time and services within 30 days of receiving an invoice.

Original Signature of Applicant _____

Printed Name _____

Date _____